

Mail: Section 5 Division P.O. Box 55897 Boston, MA 02205-5897 617-351-9272 (Phone) 617-351-9399 (Fax)

Dear Owner/Contractor Applicant:

An "Owner/Contractor" is defined as any person who is not a manufacturer, dealer, or repairer who owns a fleet of ten (10) or more vehicles, special mobile equipment, mobile construction cranes, or a combination thereof, that is used or leased exclusively in the Owner/Contractor's principal business. The Owner Contractor must also maintain an establishment with facilities for the repair, alteration, or equipment of such vehicles or trailers.

"Special Mobile Equipment" is defined as a motor vehicle that is principally designed to conduct excavation or lift building materials at a public or private construction site and is operated on a way for the sole purpose of transportation to or from the construction site and has a gross vehicle weight of at least 12,000 pounds. This definition shall not include a motor vehicle that is designed to carry passengers, or any load, on a way.

Trucks, including pickup trucks, and trailers not meeting the above requirement can <u>not</u> be operated with an Owner/Contractor plate.

It will be necessary for you to furnish copies of the following documents in order to obtain Owner/Contractor plates:

- 1. Business certificate from the city or town in which you are doing business.
- 2. Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).
- 3. Federal Identification Number/Employer Identification Number (FID/EIN)* from the Department of the Treasury, Internal Revenue Service. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:
 - Any pre-printed IRS correspondence that includes corporation name, address, and FID/EIN number
 - Federal Tax Deposit Coupon Form 8109
 - Form 147C
 - Notice of New Employer Identification Number Assigned Form 5372
 - CP575 Notice (issued by the IRS). This is a letter sent to a customer to confirm issuance of an FID number.
 - Certificate of Exemption Form ST-2 (issued by DOR)

Note: If your business is unincorporated (e.g. a sole proprietor or general partnership), then the pre-printed IRS correspondence must list the owner information in this sequence: the individual's name, business name, and address.

4. A list of all authorized users who will have access to the Section 5 plates and a photocopy of a valid driver's license for each authorized user.

Please complete the enclosed questionnaire and return it to this office. A return envelope is provided for your convenience. Your request will be referred for investigation and you will be notified of the result.

* If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 1-800-829-4933.

Note: The business name or corporation name must be spelled exactly the same on all of the above documents.

NOTE: Compliance Decals: Except for a 'Dealer,' a general registration holder must have a 'Compliance Decal' affixed to each motor vehicle or trailer he or she owns (or leases) that is operated with the assigned General Registration Number Plate. The presence of the Compliance Decal indicates the sales tax (M.G.L. c. 64H) has been paid and that title (M.G.L. c.90D) has been obtained. You will be asked to provide tax and title documentation for each vehicle before any plates can be assigned.

Date of Application



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Application For Owner/Contractor Registration

CONTRACTOR TYPE:				
☐ General Contractor☐ Rental agency of mo		☐ Rent or lease storage	cial mobile equipmen	for construction use
SECTION 1:	,			
Primary Owner Informa	etion			
☐ Individual ☐ Corp		of plates requested		
		1 plates requested		
MA License or ID number	r	FID Num (Corp./	ber Co. or Individual with	a business name)
Name:				- -
Las	st	First	MI	DOB
Corp./Co. Name:				
corp., co. rvaine.				
Address:				
Addiess.	Street	City	ST	Zip Code
C I O I. C	(*6			
Secondary Owner Inform	nation (if necessary)			
MA License or ID number	r			
Name:				
L	Last	First	MI	DOB
Address:				
	Street	City	ST	Zip Code
SECTION 2:				
520110112				
Business Information				
N				
Name:	the same as in Section 1 w	rite "same". If not, fill in the	husiness name and a	tach a copy of the
			oustivess itemite and at	
(If the Corp./Co. name is		oou are an individual using a l	business name other tl	nan your own, you
(If the Corp./Co. name is	ed by your municipality. If y		business name other th	aan your own, you
(If the Corp./Co. name is Business Certificate issue must supply a license nun	ed by your municipality. If y		business name other th	aan your own, you
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(If the Corp./Co. name is Business Certificate issue must supply a license num Location: Mailing Address: (Complete if different that	ed by your municipality. If y mber and an FID/EIN.) Street Street In Business Location, if not	City City City write "same".)	ST ST	Zip Code
(If the Corp./Co. name is Business Certificate issue must supply a license num Location: Mailing Address: (Complete if different that	ed by your municipality. If y mber and an FID/EIN.) Street Street In Business Location, if not	cou are an individual using a b	ST ST	Zip Code

1387-0412

1. As an owner, do you currently have or have you ever had a Section 5 General Registration plate? ☐YES ☐NO (e.g., Dealer, Repairer, Owner Contractor, Transporter, or Farmer.) If yes, complete the following information. Plate: Type ______ Number _____ Status: ☐ Active ☐ Expired ☐ Canceled ☐YES ☐ NO If yes, has the plate been suspended or revoked? If the business is a corporation please list officers: President Treasurer _____ Clerk How many motor vehicles and or trailers do you own? What is your principal business? (If a Contractor, state the kind or type of business.) Is your fleet of motor vehicles or trailers used exclusively by you in your principal business? ☐ YES ☐ NO Do you maintain an establishment with facilities for the repair, alteration, or equipping of your fleet of motor vehicles or trailers? □YES □NO If yes, what is the location? STZip Code Street City The undersigned hereby certify that all information contained in this application is true and correct to the best of my (our) knowledge and belief. (False statements are punishable by fine, imprisonment, or both.) I hereby acknowledge that any Section 5 General Registration Plate issued by the Registrar remains the property of the RMV, that it is not transferable, and that it may not be sold, rented, leased, loaned, re-assigned or transferred in any other manner by me or any agent on my behalf. I further understand, acknowledge and agree that if any registration plate issued as a result of this application is found in the possession of a person or on a vehicle not authorized by law, regulation or RMV policy to possess or display such plate, it may be seized at the discretion of the Registrar or his agent or a law enforcement officer and that I may be summoned by the Registrar for enforcement action and possible loss of the General Registration and all General Registration plates. Signature: Date: Signature: Title__ Date:

SECTION 3:

(If a corporation, include the title of the officer or duly authorized agent. If a partnership, both partners must sign.)



Section 5 Division

PO Box 55897 Boston, MA 02205-5897

Owner Contractor Application Checklist

The following is a list of documents and/or activities that must be completed prior to the State police Inspection. <u>Please submit the completed list with your application for Owner Contractor Plates.</u> Once your application is approved, you will receive a letter of notice with a list of general requirements that need to be met prior to the State Police Inspection.

☐ You must be principally and substantially engaged in the business of General Contracting. Please submit your current Certificate of Business.
☐ Ensure that you have a permanently affixed exterior sign posted of sufficient size and design to give the general public notice of the name and nature of the business. What are the signs dimensions?
Height: Length: Width: What does the sign say?
☐ Ensure that your fleet of vehicles have all been titled in the correct business name. Please provide copies of all titles for the vehicles the Owner Contractor plate will be used with.
☐ Ensure that you have an established repair facility for the repair of your vehicles. The State Police will inspect this location.
☐ Section Five registrants cannot share office space. You must have a separate and exclusive entrance to your place of business, unless they are both owned by you. Please submit a floor plawith your application.
The building structure, or office trailer must have adequate office space to conduct business Please include this information on your floor plan.

Prior to the State Police Inspection, please check with your city or town Licensing Board for any additional requirements.

FLEET SURVEY SHEET FOR SECTION 5 REGISTRATIONS MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

BUSINESS NAME			PLATE#_	74-	
TYPE OF BUSINESS			# OF PLATES	TES	
		LIST THE VEHIC	LIST THE VEHICLES USED IN CONJUNCTION WITH THE BUSINESS	N WITH THE BUSINESS	
Mass Registration or Compliance Decal #	Year	Make	VIN Number	Mass Title # or Date Applied	Type & Wt. of Vehicle (e.g. Loader 12,000 lbs.)
Print Owner's Name:					
	_		-		

Business Phone Number: